

# Legislative Council Staff

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# **Final Fiscal Note**

Drafting Number:LLS 22-0583Date:August 18, 2022Prime Sponsors:Sen. SonnenbergBill Status:Signed into Law

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Bill Topic:	HEALTH FACILITY VISITATION DURING PANDEMIC		
Summary of Fiscal Impact:	<ul><li>☐ State Revenue</li><li>☑ State Expenditure</li><li>☐ State Transfer</li></ul>	☐ TABOR Refund ☐ Local Government ☐ Statutory Public Entity	
	The bill makes changes to patient visitation rights in nursing care and intermediate care facilities, and requires hospitals, nursing care facilities, and assisted living residences to allow their patients and residents to have at least one visitor of their choosing. The bill will increase state expenditures beginning in FY 2022-23.		
Appropriation Summary:	For FY 2022-23, the bill requires and includes an appropriation of \$45,409 to the Department of Public Health and Environment.		
Fiscal Note Status:	The fiscal note reflects the enacted bill.		

# Table 1 State Fiscal Impacts Under SB 22-053

		Budget Year FY 2022-23	Out Year FY 2023-24
Revenue		-	-
Expenditures	General Fund	\$45,409	\$42,699
	Centrally Appropriated	\$11,377	\$11,691
	Total Expenditures	\$56,786	\$54,390
	Total FTE	0.6 FTE	0.6 FTE
Transfers		-	-
Other Budget Impacts	General Fund Reserve	\$6,811	\$6,405

#### **Summary of Legislation**

The bill specifies exceptions to a patient's right to private and unrestricted communication with any person for a patient who is a resident of a skilled nursing or intermediate care facility.

In addition, as permitted by applicable laws and regulations, the bill requires health care facilities, including hospitals, nursing care facilities and assisted living residences, to allow patients and residents to have at least one visitor of their choosing and requires these health care facilities to have written policies and procedures concerning visitation, including any restrictions or limitations that are placed on visitation, and the reasons for these restrictions or limitations. Requirements and limitations on visitors allowed under the bill are as follows:

- during a period of heightened communicable disease transmission risk, health care facilities may
  designate entry points, deny visitors with known symptoms of the communicable disease, require
  visitors to wear face coverings or other protective equipment, require visitors to sign a waiver as
  specified in the bill, require certain screening and testing for the communicable disease, and
  restrict movement of visitors within the health care facility; and
- for visitation of a patient or resident with a communicable disease who is isolated, the health care facility may limit visitation, schedule visitors, and, under certain circumstances, prohibit visitors.

#### **Background**

The Department of Public Health and Environment (CDPHE) licenses and regulates approximately 3,620 health care facilities. CDPHE, as a normal course of business, prioritizes and investigates complaints made against health care facilities.

# **Assumptions**

This fiscal note assumes that most health care facilities will comply with requirements of the bill, but that there will be complaints filed against health care facilities that do not comply with these requirements. It is assumed that 1.5 percent of complaints will be related to this issue, equating to approximately 54 complaints being filed annually against health care facilities starting in FY 2022-23.

# **State Expenditures**

The bill increases state expenditures in the CDPHE by \$56,786 in FY 2022-23 and \$54,390 in FY 2023-24, paid from the General Fund. Expenditures are shown in Table 2 and detailed below.

Table 2
Expenditures Under SB 22-053

Cost Components	FY 2022-23	FY 2023-24		
Department of Public Health and Environment				
Personal Services	\$38,399	\$41,889		
Operating Expenses	\$810	\$810		
Capital Outlay Costs	\$6,200	-		
Centrally Appropriated Costs <sup>1</sup>	\$11,377	\$11,691		
Total	\$56,786	\$54,390		
Total FTE	0.6 FTE	0.6 FTE		

<sup>&</sup>lt;sup>1</sup> Centrally appropriated costs are not included in the bill's appropriation.

**Department of Public Health and Environment.** Beginning in FY 2022-23, the CDPHE will require 0.6 FTE to review, investigate and resolve visitation complaints filed against health care facilities as a result of this bill. To the extent that a health care facility is required to test for a communicable disease, the CDPHE may incur additional costs to process tests, investigate outbreaks, and communicate data. Costs are adjusted for the General Fund pay date shift in the first year. Costs are assumed to be paid from the General Fund given the low available fund balance in the General Licensure Fund, which is typically used to pay for the regulation of health facilities.

**Department of Human Services.** This bill may result in minimal policy changes or adjustments to practice in facilities operated by the Department of Human Services. The fiscal note assumes that this increased workload can be accomplished within existing resources and no change in appropriations is required.

**Centrally appropriated costs.** Pursuant to a Joint Budget Committee policy, certain costs associated with this bill are addressed through the annual budget process and centrally appropriated in the Long Bill or supplemental appropriations bills, rather than in this bill. These costs, which include employee insurance and supplemental employee retirement payments, are shown in Table 2.

### **Other Budget Impacts**

**General Fund reserve.** Under current law, an amount equal to 15 percent of General Fund appropriations must be set aside in the General Fund statutory reserve beginning in FY 2022-23. Based on this fiscal note, the bill is expected to increase the amount of General Fund held in reserve by \$6,811 in FY 2022-23 and \$6,405 in FY 2023-24, which will decrease the amount of General Fund available for other purposes.

#### **Effective Date**

This bill was signed into law by the Governor and took effect on June 18, 2022.

Page 4 August 18, 2022 SB 22-053

### **State Appropriations**

For FY 2022-23, the bill requires and includes a General Fund appropriation of \$45,409 to the Department of Public Health and Environment and 0.6 FTE.

#### **State and Local Government Contacts**

Health Care Policy and Financing Information Technology

Human Services Public Health and Environment